

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Michael A. Sevier Ashley E. Sevier	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTE	ILY INCOME FOR § 707(b)(7	7) EXCLU	SION		
	larital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.					
	b. ☐ Married, not filing jointly, with declaration of separa "My spouse and I are legally separated under applicab					
2	purpose of evading the requirements of § 707(b)(2)(A)	e non-bankruptcy law of my spouse and of the Bankruptcy Code " Complete o	u i are nving	apart om 4 (''Deht	or's Income'')	
	for Lines 3-11.	of the Bankruptey Code. Complete o	my column 2	I (Debt	or s meome)	
	c. \square Married, not filing jointly, without the declaration of ("Debtor's Income") and Column B ("Spouse's Income")		above. Con	iplete bot	th Column A	
	d. Married, filing jointly. Complete both Column A ('	Debtor's Income") and Column B ("	Spouse's Inc	ome'') fo	r Lines 3-11.	
	All figures must reflect average monthly income received fi		Column	ı A	Column B	
	calendar months prior to filing the bankruptcy case, ending the filing. If the amount of monthly income varied during t		Debtor	.'s	Spouse's	
	six-month total by six, and enter the result on the appropria		Incom		Income	
3	Gross wages, salary, tips, bonuses, overtime, commission		\$ 5,0	95.64 \$	0.00	
	Income from the operation of a business, profession or fa	rm. Subtract Line b from Line a and	,	<u> </u>		
	enter the difference in the appropriate column(s) of Line 4.					
	business, profession or farm, enter aggregate numbers and p					
4	not enter a number less than zero. Do not include any par Line b as a deduction in Part V.	t of the business expenses entered on				
4		Debtor Spouse				
	a. Gross receipts \$	0.00 \$ 0.00				
	b. Ordinary and necessary business expenses \$	0.00 \$ 0.00				
	c. Business income Subtrac	t Line b from Line a	\$	0.00 \$	0.00	
	Rents and other real property income. Subtract Line b fr					
	the appropriate column(s) of Line 5. Do not enter a number					
5	part of the operating expenses entered on Line b as a dec	Debtor Spouse				
	a. Gross receipts \$	0.00 \$ 0.00				
	b. Ordinary and necessary operating expenses \$	0.00 \$ 0.00				
		t Line b from Line a	\$	0.00 \$	0.00	
6	Interest, dividends, and royalties.		\$	0.00 \$	0.00	
7	Pension and retirement income.		\$	0.00 \$	0.00	
	Any amounts paid by another person or entity, on a regu	llar basis, for the household				
0	expenses of the debtor or the debtor's dependents, include	ling child support paid for that				
8	purpose. Do not include alimony or separate maintenance spouse if Column B is completed. Each regular payment sl					
	if a payment is listed in Column A, do not report that payment	\$	0.00 \$	0.00		
	Unemployment compensation. Enter the amount in the appropriate the amount in the amount in the amount in the appropriate the amount in the amo			<u> </u>		
	However, if you contend that unemployment compensation					
9	benefit under the Social Security Act, do not list the amoun	t of such compensation in Column A				
	or B, but instead state the amount in the space below:					
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	0.00 Spouse \$ 0.00	\$	0.00 \$	0.00	
	Income from all other sources. Specify source and amoun	. If necessary, list additional sources	·		2.30	
	on a separate page. Do not include alimony or separate m	aintenance payments paid by your				
	spouse if Column B is completed, but include all other p					
	maintenance. Do not include any benefits received under the received as a victim of a war crime, crime against humanity					
10	domestic terrorism.	, or as a victim of international of				
		Debtor Spouse				
	a. \$	\$				
	b. \$	\$				
	Total and enter on Line 10		\$	0.00 \$	0.00	
11	Subtotal of Current Monthly Income for § 707(b)(7). Ad			95.64 \$	0.00	
	Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).				0.00	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		5,095.64		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	61,147.68		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: TX b. Enter debtor's household size: 5	\$	73,432.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.					\$
17	a. \$					
	b. c.			\$ \$		
	d.			\$		
	Total and enter on Line 17					\$
18	Current monthly income for § 70'	7(b)(2). Subtract Line	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION (OF DI	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	ndard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				formation is available persons is the number	\$
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					
	Persons under 65 years of age Persons 65 years of age or older		or older			
	a1. Allowance per personb1. Number of persons		a2. b2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
20A	the number that would currently be allowed as exemptions on your federal income tax return, plus the number of			\$		
any additional dependents whom you support.					Ф	

20B	not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your				
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$			
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go court.)	\$			
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1				
23					
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lir the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	\$			

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$			
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$			
	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a. Health Insurance \$				
	b. Disability Insurance \$				
	c. Health Savings Account \$	\$			
	Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary				

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$	
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1		e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of I	ines 34 through 40		\$
		S	ubpart C: Deductions for De	bt Payment		
42	own, and c amou bank	list the name of the creditor, iden check whether the payment includ- ints scheduled as contractually du- ruptcy case, divided by 60. If nec- age Monthly Payments on Line 42	For each of your debts that is secured tify the property securing the debt, an es taxes or insurance. The Average M e to each Secured Creditor in the 60 n essary, list additional entries on a sep. 2.	d state the Average N onthly Payment is the nonths following the	Monthly Payment, e total of all filing of the	
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	□yes □no	
				Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount \$					
				T	otal: Add Lines	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					\$
			If you are eligible to file a case under the amount in line b, and enter the res			
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$	
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.		\$
Subpart D: Total Deductions from Income						
47	Tota	l of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$		
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.				\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				\$	

Initial presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than \$7,025'. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$11,725° Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII. Do not complete the remainder of Part VI. Line \$51 is though 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not more than \$11,725°. Complete the remainder of Part VI (Lines 53 through 5 at least \$7,025°, but not be part of the statement and complete the verification in Part VIII. You may also complete the remainder of Part VI (Lines 53 through 5 at least \$1,025°, but not part VII. Part Part VIII. Applied by the number 0.25 and enter the result. Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line \$1 is equal to or greater than the amount on Line \$4. Check the box for "The presumption does not arise" at the top of part of this statement, and complete the verification in Part VIII. You may also complete the verification in Part VIII. You may also complete the verification in P							
statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete part VII. Do not complete the remainder of Part VI. The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 5] Enter the amount of your total non-priority unsecured debt		☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this					
The amount set forth on Line \$1 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. The amount on Line \$1 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines \$3 through \$5\$ Enter the amount of your total non-priority unsecured debt Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line \$1 is less than the amount on Line \$4. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line \$1 is equal to or greater than the amount on Line \$4. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfary you and your family and that you contend should be an additional deduction from your current monthly income under \$707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses. Expense Description Bexpense Description Bexpense Description Check the box for "The presumption does not arise" at the top of page 1 of this statement is true and correct. (If this is a joint case, both debtor must sign.) Date: December 5, 2012 Signature: Signatu	52						
Secondary presumption determination. Check the amount in Line 53 by the number 0.25 and enter the result. Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of pa of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS	32						
Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of payof this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the to of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfar you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses. Expense Description		☐ The amount on Line 51 is at least \$7,025*, but not more	than $11,725$ *. Complete the remainder of Part VI (Lines 53 through 55).			
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of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the to of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfar you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense f each item. Total the expenses. Expense Description Monthly Amount a. S. C. S. d. Total: Add Lines a, b, c, and d. S. Total: Add Lines a, b, c, and d. Signature: /// Michael A. Sevier Michael A. Sevier Michael A. Sevier Michael A. Sevier /// Ashley E. Sevier Ashley E. Sevier		Secondary presumption determination. Check the applicable	e box and proceed as directed.				
Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfar you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses. Expense Description	55	of this statement, and complete the verification in Part VIII.					
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfar you and your family and that you contend should be an additional deduction from your current monthly income under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses. Expense Description				tion arises" at the top			
you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses. Expense Description		Part VII. ADDITION	AL EXPENSE CLAIMS				
707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense feach item. Total the expenses. Expense Description	56						
a.		707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se					
a.		Expense Description	Monthly Amo	unt			
C.		<u> </u>					
Total: Add Lines a, b, c, and d S		b.	-				
Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtor must sign.) Date: December 5, 2012 Signature: Is/ Michael A. Sevier (Debtor) Signature: Ashley E. Sevier Ashley E. Sevier							
Part VIII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtor must sign.) Date: December 5, 2012 Date: December 5, 2012 Date: December 5, 2012 December 5, 2012 December 5, 2012 Signature: Is/ Michael A. Sevier (Debtor) Signature: Ashley E. Sevier Ashley E. Sevier							
I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtor must sign.) Date: December 5, 2012 Date: December 5, 2012 Date: December 5, 2012 Date: December 5, 2012 December 5, 2012 Signature: Is/ Michael A. Sevier (Debtor) Signature Is/ Ashley E. Sevier Ashley E. Sevier		Total: Add Line	s a, b, c, and d \$				
Date: December 5, 2012 Signature: Isl Michael A. Sevier (Debtor) Signature: Ashley E. Sevier Ashley E. Sevier		Part VIII. V	ERIFICATION				
Date: December 5, 2012 Signature: /s/ Michael A. Sevier Michael A. Sevier (Debtor) Date: December 5, 2012 Signature: /s/ Ashley E. Sevier Ashley E. Sevier			d in this statement is true and correct. (If this is a join	int case, both debtors			
Date: December 5, 2012 Signature // Signature // Sevier Ashley E. Sevier							
Ashley E. Sevier	57						
Ashley E. Sevier		Date: December 5, 2012	Signature /s/ Ashley E. Sevier				
(Joint Debtor, if any)			Ashley E. Sevier				
			(Joint Debtor, if a	any)			

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.